DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICALLY COMPENSATORY POLARIZER AND LIQUID-CRYSTAL DISPLAY DEVICE

the application of which is attached hereto	OR	□ was filed on	an I Instant States		
		PCT International Application (Confirmation No),	ation Number	l on	Number or
I hereby state that I have reviewed and us by any amendment specifically referred to	nderstand the contabove.	tents of the above identified	application, incl	uding the clai	ms, as amend
I acknowledge the duty to disclose introdulinuation-in-part application(s), mater the distinct of the distinct	ial information white of the continuati	hich became available betw on-in-part application.	een the filing dat	ie of the prior	аррисанов а
I hereby claim foreign priority benefits up or plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's rights application on which priority is claimed.	365(a) of any PC Lbelow and have	T international application(also identified below, by ch	s) which designance the box,	any foreign a	ne country ou application(s)
		Foreign Fi			Claimed No
Ti Prior Foreign Application Number(s)	Country			Yes	
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			. 10	.: (a) 8110	(a) of one IIni
I hereby claim domestic priority benefits States provisional application(s), or §36	under 35 United S	States Code § 120 of any Uni	ted States applica	nited States	(e) of any one

I hereby claim domestic priority benefits under 35 United States Code §120 of any United States application(s), §119(e) of any United States provisional application(s), or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in a listed prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge my duty to disclose any information material to the patentability of this application as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. or International Application Number(s)

U.S. or International Filing Date

Status

I hereby appoint all attorneys of **SUGHRUE MION, PLLC** who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

23373

PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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NAME OF THIRD INVENTOR:								
Given Name		E T.M. G.						
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TU Residence: City								
Mariling Address:								
NAME OF FOURTH INVENTOR: Given Name								
(first and middle [if any])	Family Name or Surname							
Inventor's Signature	<u></u>	7	Date					
Residence: City	State	Country		Citizenship				
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NAME OF FIFTH INVENTOR:								
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Inventor's Signature		Date						
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